



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

State Board of Medical Examiners

Hearing Aid Dispensers Examining Committee

124 Halsey Street, 6th Floor, P.O. Box 45038

Newark, New Jersey 07101

(973) 504-6331

**Hearing Aid Dispensers Examining Committee**

**Sponsor's Affidavit**

**Please complete and return this affidavit with the completed application.**

- ☐ I hereby affirm that I am currently licensed and registered to practice hearing aid dispensing in New Jersey. I have been actively practicing in New Jersey continuously since \_\_\_\_\_. Pursuant to N.J.S.A. 45:9A-16b, N.J.A.C. 13:35-8.3 and N.J.A.C. 13:35-8.6, I hereby agree to assume full responsibility for the supervision and training of \_\_\_\_\_ upon receipt of a Training Permit, in the requisite skills, methods and techniques so as to insure competency in the fitting and dispensing of hearing aids. The applicant will train ☐ FULL TIME ☐ PART TIME\* at my business location. I will assume full responsibility for and guarantee the trainee's activities in the selling, testing, fitting and dispensing of the hearing aids.
- ☐ Pursuant to N.J.S.A. 45:9A-16a and N.J.A.C. 13:35-8.5 and 8.6, I will assume full responsibility for and guarantee the temporary license of \_\_\_\_\_ and his/her supervision, training and activities in the selling, fitting and dispensing of hearing aids.

Business Name

Telephone number (include area code)

Street Address

City

State

Zip Code

The firm's Supervising Licensee's name (N.J.A.C. 13:35-8.8)

Name

License number

The sponsor **must enclose** copies of his/her original N.I.H.I.S. certificates indicating the completion of a minimum of 20 continuing education course hours during the **PREVIOUS BIENNIAL REGISTRATION PERIOD**.

Sponsor's Signature

Date

License Number

Sworn and subscribed to before me this

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

Name of Notary Public (please print)

Signature of Notary Public

**Affix Seal Here**